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Re:	U.S. Serial No: 10/707/863 Group Art Unit: 2826 Confirmation No: 2862 Docket No: BUR920030058US1 (16693)	CC:	

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. BUR920030058US1 (16693)	
Applicant(s): Ebenezer E. Eshun, et al.			
Application No. 10/707,863	Filing Date January 19, 2004	Examiner Fazli Erdem	Group Art Unit 2826
Invention: HIGH TOLERANCE TCR BALANCED HIGH CURRENT RESISTOR FOR RF CMOS AND RF SiGe BiCMOS APPLICATIONS AND CADENCED BASED HIERARCHICAL PARAMETERIZED CELL DESIGN KIT WITH TUNABLE TCR AND ESD RESISTOR BALLASTING FEATURE			
I hereby certify that this RESPONSE <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306) on May 6, 2005 <small>(Date)</small>			
Steven Fischman <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. BUR920030058US1 (16693)	
Applicant(s): Ebenezer E. Eshun, et al.					
Application No. 10/707,863	Filing Date January 19, 2004	Examiner Fazli Erdem	Customer No. 23389	Group Art Unit 2826	Confirmation No. 1862
Invention: HIGH TOLERANCE TCR BALANCED HIGH CURRENT RESISTOR FOR RF CMOS AND RF SiGe BiCMOS APPLICATIONS AND CADENCED BASED HIERARCHICAL PARAMETERIZED CELL DESIGN KIT WITH TUNABLE TCR AND ESD RESISTOR BALLASTING FEATURE					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	30 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	6 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0456/ibm <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: May 6, 2005		
Steven Fischman Registration No. 34,594 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"><p>_____ hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p>_____ (Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
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TOTAL CLAIMS	14 -	30 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	6 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0456/ibm <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
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CC:			<div style="border: 1px solid black; padding: 5px;"><div style="text-align: center;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence</div></div>		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
CENTRAL FAX CENTER****MAY 06 2005****Applicant:** Ebenezer E. Eshun, et al.**Examiner:** Fazli Erdem**Serial No.:** 10/707,863**Art Unit:** 2826**Filed:** January 19, 2004**Docket:** BUR920030058US1 (16693)**For:** HIGH TOLERANCE TCR BALANCED
HIGH CURRENT RESISTOR FOR RF CMOS
AND RF SiGe BiCMOS APPLICATIONS AND
CADENCED BASED HIERARCHICAL
PARAMETERIZED CELL DESIGN KIT WITH
TUNABLE TCR AND ESD RESISTOR
BALLASTING FEATURE**Dated:** May 6, 2005**Confirmation No:** 1862Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RESPONSE**

Sir:

Responsive to the Office Action dated February 9, 2005 Applicants respectfully request the Examiner to reconsider the application in view of the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

CERTIFICATION OF FACSIMILE TRANSMISSION

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Dated: May 6, 2005
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